

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	M/T	523	02.16.01
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Date	Claim	Date	Claim	Date
Final	Original	1	9	51	
1	✓	2		52	
3		53		54	
4		55		56	
5		57		58	
6		59		60	
7		61		62	
8		63		64	
9		65		66	
10		67		68	
11		69		70	
12		71		72	
13		73		74	
14		75		76	
15		77		78	
16		79		80	
17		81		82	
18	✓	83		84	
19		85		86	
20		87		88	
21		89		90	
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23		93		94	
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If more than 150 claims or 10 actions  
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